Attachment 12

Office of Administration Commissioner's Office

REIMBURSEMENT REQUEST FOR OTHER SERVICES

Program: Alternatives	to Abortion		
Contractor:Alliance			
Subcontractor: Option			
Please outer below the	information for each item, ost for the item, and the jube reimbursed.	service to be purchased.	List the date of purchase, approved before
Client Name		107/21/16	
Proposed Purchase Date	Item	Total Cost [include formal estimate from provider of services]	Justification, include other sources of funding that have been attempted
6/4/2017	Cost of Substance Abuse Traffic Offenders' Program (SATOP) assessment	\$375.00	Client is without transportation and needs to complete program in order to get her license. Client needs license for baby's dr. appointments and to get a job. Client is without funds
Amt to be reimbursed	\$375,00		to cover assessment & class.
The following items and scharges, insurance, interest Please subtract these charges Authorized person request Alliance for Life Program I Purchase is Approved Reason for denying purchase I ANF - allow	ges from your total reimbuting purchase:Christing Manager:Marsha Mide DeniedAZA Signatur ase: f.S.f. Wallo	rsement request prior to s	ravel expenses, shipping and liquidated damages. submission. Lamber Date 5/9/17

DOOR TO HOPE

P.O. Box 1f)49



DOOR TO HOPE

Mary Beth Good, LPC, CRAADC Owner/Counselor

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DATE: 04/27/2017



Dear Sir/Madam:

The above named individual has made an appointment for 05/09/2017 at 3:00 pm with our agency for a Substance Abuse Traffic Offenders' Program (SATOP) assessment. This individual will then be assigned to the appropriate SATOP level which is to be completed in order to successfully fulfill the SATOP requirements. Cost for screening is \$375.00. Cost for assigned class will depend on which class client is assigned to.

Respectfully Yours,

Mary Beth Good, LPC, CRAADC

Director